|  |   |   |              |                |                     |                  |       |                    | Application or Docket Number |       |                     |                          |  |
|--|---|---|--------------|----------------|---------------------|------------------|-------|--------------------|------------------------------|-------|---------------------|--------------------------|--|
| PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2000  09833387 |   |   |              |                |                     |                  |       |                    |                              |       |                     | 87                       |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                   |   |   |              |                |                     |                  |       | MALL E             | YITTY                        | OR    | OTHER<br>SMALL      |                          |  |
| TOTAL CLAIMS   |   |   | 20           |                |                     |                  | I     | RATE               | FEE                          |       | RATE                | FEE                      |  |
| FOR  |   |   | NUMBER FILED |                | NUMBER EXTRA        |                  | •     | așic fee           | 355.00                       | OR    | Basic Fee           | 710.00                   |  |
| TOTAL CHARGEABLE CLAIMS  |   |   | 29 minus 20= |                | . 9                 |                  |       | X8 9=              |                              | OR    | X\$18=              | 162                      |  |
| INDEPENDENT CLAIMS   |   |   |              | nus 3 =        | 2                   | 2                |       | X40=               |                              | OR    | X80=                | 160                      |  |
| MEL  | LTIPLE DEPEN  | DENT CLAIM P                              | RESENT       |                |                     | I                | +135= |                    | ОЯ                           | +270= |                     |                          |  |
| * If the difference in column 1 is less than zero, enter "O" in column           |   |   |              |                |                     |                  |       | TOTAL              |                              | OR    | TOTAL               | 10.32                    |  |
| (Column 1) (Column 2) (Column 3)   |   |   |              |                |                     |                  |       | SMALL              | ENTITY                       | OR    | OTHER<br>SMALL      |                          |  |
| AMENDMENT A  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | PREVIO<br>PAID | BER<br>OUSLY        | PRESENT<br>EXTRA |       | RATE               | ADDI-<br>TIONAL<br>FEE       |       | RATE                | ADDI-<br>TIONAL<br>- FEE |  |
| 2  | Total   | . 29                                      | Minus        | 29             |                     | -0               |       | X\$ 9=             |                              | OR    | X\$18=              |                          |  |
| AME  | Independent   | • 5                                       | Minus        | -5             |                     | -0               | Γ     | X40=               | ·                            | OR    | X80=                |                          |  |
| L  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |              |                |                     |                  |       | +135=              |                              | OR    | +270=               |                          |  |
|  | L 505   |   |              |                |                     |                  |       | TOTAL<br>ADDIT FEE |                              |       | OR ADDIT, FEE       |                          |  |
| (Column 1) (Column 2) (Column 3)   |   |   |              |                |                     |                  |       | DOT 1. 1 CC        |                              | •     |                     |                          |  |
| AMENDMENT B  |   | CLAINS<br>REMAINING<br>AFTER<br>AMENDMENT |              | PREVE          | BER                 | PRESENT<br>EXTRA |       | RATE               | ADDI-<br>TIONAL<br>FEE       | ·     | RATE                | ADDI-<br>TIONAL<br>FEE   |  |
|  | Thei  | .29                                       | Minus        | - 2            | 9                   | - /2/            |       | X\$ 9=             |                              | OR    | X\$18=              |                          |  |
| AME  | Independent   | NTATION OF M                              | Minus        | ENDEN          | CLA                 | - 6              |       | X40=               |                              | OR    | X80=                |                          |  |
| PIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                   |   |   |              |                |                     |                  |       | +135=              |                              | OR    | +270=               | •                        |  |
| 9-19-05  |   |   |              |                |                     |                  |       | TOTAL<br>DOIT. FEE |                              | OR    | TOTAL<br>ADDIT. FEE |                          |  |
|  | VIII  | (Column 1)                                |              | (Colu          |                     | (Column 3)       |       |                    |                              |       |                     |                          |  |
| ENT C  |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              |                | BER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |       | RATE               | ADDI-<br>TIONAL<br>FEE       |       | RATE                | ADDI-<br>TIONAL<br>FEE   |  |
| ğ  | Total   | .29                                       | Minus        |                | 9                   | - 0.             |       | X\$ 9-             |                              | OR    | X\$18=              | •                        |  |
| AMENDMEN   | Independent   | NTATION OF M                              | Minus        | PENDEN         | CLAIM               | - 6              |       | X40=               |                              | OR    | X80=                |                          |  |
| -  | . #WI FRESE   |   |              |                |                     |                  | 1     | +135=              |                              | OR    | +270=               |                          |  |
| •••  | "If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Fighest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  The "Righest Number Previously Paid For" IN THIS SPACE is the stan 3, enter "3."  The "Righest Number Previously Paid For" (Total or Independent) is the highest number lound in the appropriate box in column 1. |   |              |                |                     |                  |       |                    |                              |       |                     |                          |  |
|  | ···· · · · · · · · · · · · · · · · · ·  |   | /10mg        |                |                     |                  |       |                    |                              |       |                     |                          |  |

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